PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

DAMIN OFF

Elicolive October 1, 2000									0991	9	043	
			(Column 1)		(Column 2)		SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7					E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		. 19		X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = */6				X40	=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESËNT				+135	=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA			OR	TOTAL	110
CLAIMS AS AMENDED - PART II								1			OTHER	
(Column 1)			(Column 2			(Column 3) S		LL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=	X40=	=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+270=	
							TO			OR	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	EE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH	EST			_	ADDI-	1		ADDI-
		AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent	TATION OF MU	Minus	***	CLAIM	=	X40=			OR	X80=	
				LIVOLIVI	OLANI		+135:	=		OR	+270=	
							TOT			OR	TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT, F	CC L			ADDIT. FEE	
0	,	CLAIMS HIGHES		EST			- T	ADDI-	ı		ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		-+		OΠ		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40=	4		OR	X80=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pai					found in the	ann	ronriate hov	in col	umn 1	